

APPLICATION FOR EMPLOYMENT

NAME _____ Social Security No. _____ - _____ - _____

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Other Phone: (____) _____

What days are you unable to work? _____ Are you at least 17 years old? Yes No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No
 If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.) Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended		Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From Mo./Yr.	To Mo./Yr.					
Undergraduate Colleges or Universities								
Graduate Schools								
Technical, Vocational, or Business Schools								

If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Date expires	Issued by/Location of issuing authority (State or other Authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware (Attach additional page if necessary.)

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (if required for this position) Yes No
 If yes, which language(s) do you speak? _____

Do you write in a language other than English? (if required for this position) Yes No
 If yes, which language(s)? _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran Yes No If yes, list type of discharge status: _____

Dates of Service (From/To): _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even though with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Summarize the technical and managerial duties of each position (indicate number of employees supervised.)

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:								Summer <input type="checkbox"/>
City & State/Zip:								Temp/Project <input type="checkbox"/>
Employer's Telephone No: AC ()						Supervisor's Telephone No.:		Give average # of hours worked per week if part-time.
						AC ()		
Starting Date						Current/ Technical <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:
						\$	Supervisory/Managerial <input type="checkbox"/>	
Summary of experience:								
Specific reason for leaving:								
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Employer:						Title:		Part-Time <input type="checkbox"/>
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Specific reason for leaving:

REFERENCES

Please list three professional and three personal references:

Professional

Name: _____ Phone number: _____

Title: _____ Company Name: _____

Name: _____ Phone number: _____

Title: _____ Company Name: _____

Name: _____ Phone number: _____

Title: _____ Company Name: _____

Personal

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____